



# HAWAII STATE ETHICS COMMISSION ORGANIZATION'S OR INDIVIDUAL'S EXPENDITURES AND CONTRIBUTIONS REPORT

FORM ORG

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(To be filed by organizations, employing organizations and individuals  
other than registered lobbyists)

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STATE OF HAWAII  
HAWAII STATE ETHICS COMMISSION

06 APR -5 AM

For lobbying reporting period:

☒ January 1 - last day of February☐ March 1 - April 30☐ May 1 - December 31

Year of Report 20\_\_\_\_\_

Contact person

John Knox

Phone

415-787-3666

Organization

Earth Island Institute

Mailing Address

300 Broadway Suite 28

San Francisco, CA 94133-3312

## PART I. TOTAL EXPENDITURES

The total sum or value of all expenditures for the purpose of lobbying during the statement  
period was: \$ 2815<sup>14</sup>

## EXPENDITURES

Category	Total Amount	Category	Total Amount
1. Preparation & distribution of lobbying materials	59 <sup>20</sup>	7. Entertainment	
2. Media advertising		8. Food & beverages	207 <sup>96</sup>
3. Telegraph, telephone and other forms of telecommunication		9. Gifts	
4. Postage	7 <sup>39</sup>	10. Loans	
5. Compensation paid to lobbyists	1200 <sup>00</sup>	11. Other disbursements	1183 <sup>24</sup>
6. Fees (other than to lobbyists)	156 <sup>25</sup>	Travel	
		TOTAL EXPENDITURES	\$2815 <sup>14</sup>

## COMPENSATION PAID TO LOBBYISTS

List in this section the names of all lobbyists and compensation paid to the lobbyists during the statement period.

Name	Address	Compensation paid
Patricia Anne Martin	617 H St SW Quincy WA 98848	1200 <sup>00</sup>

**EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY**

List in this section all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

☒ This section is not applicable☐ Expenditures incurred in the total sum of \$25 or more per person per day were made for the following persons:

Name & Address	Amount or value

**AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON**

List in this section all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

☒ This section is not applicable☐ Expenditures incurred in the aggregate of \$150 or more per person were made for the following persons:

Name & Address	Amount or value

**PART II. CONTRIBUTIONS RECEIVED**

List in this section all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

☒ This section is not applicable☐ Contributions received in the total sum of \$25 or more per person were received from the following persons:

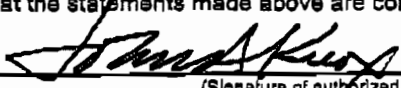
Name & Address	Amount or value

**PART III. SUBJECT AREAS OF LOBBYING**

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- |  |   |   |   |
|--|---|---|---|
| <input checked="" type="checkbox"/> Agriculture                              | <input type="checkbox"/> Education                      | <input type="checkbox"/> Human Services                                     | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities                   | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce           | <input type="checkbox"/> Hawaiian Affairs               | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation                | <input checked="" type="checkbox"/> Health              | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below)                    |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        |   |

I hereby certify that the statements made above are correct and complete to the best of my knowledge



(Signature of authorized person)

4-5-2006

(Date)

Name of authorized person (type or print)

Title of authorized person

JOHN A. KNOX

EXECUTIVE DIRECTOR